



# KAISER PERMANENTE®

Northern California

(800) 464-4000

## Plan Highlights

For over 50 years, Kaiser Permanente has provided quality care for the people of Northern California. With 15 major medical centers and over 14 outpatient medical offices, our physicians and staff provide care to our membership throughout the Northern California Service Area.

Your family (spouse and unmarried children under age 23) are also eligible for coverage under Kaiser Permanente's MRMIP/Health Plan. Annual maximum benefits are \$75,000 per covered individual, lifetime maximum benefits are \$750,000 per covered individual.

There are no claim forms for the services you receive at Kaiser Permanente facilities.

## Plan Providers

When you select Kaiser Permanente as your MRMIP/Health Plan provider, your medical care is provided or arranged by Kaiser Permanente medical facilities. Representing virtually all major medical and surgical specialties, our physicians work together in one of the nation's largest medical groups to care for you and your family.

You can choose your own Kaiser Permanente personal physician who will work with you to coordinate all your health care needs. Of course, you and your family are not restricted to only one of our physicians or facilities. You may receive care at any of our locations in Northern California.

Kaiser Permanente is available to MRMIP subscribers residing in areas of the following Northern California counties:

Alameda	Sacramento
Amador	San Francisco
Contra Costa	San Joaquin
El Dorado	San Mateo
Fresno	Santa Clara
Kings	Solano
Madera	Sonoma
Marin	Sutter
Mariposa	Tulare
Napa	Yolo
Placer	Yuba

Please see the chart at the back of this brochure for the specific zip codes open to MRMIP/Kaiser Health Plan enrollment.

## How the Plan Works

**Always carry your Kaiser Permanente MRMIP/Health Plan card.** You can make an appointment by calling the appointment desk at the Kaiser Permanente facility that is most convenient for you.

Laboratories, X-ray services, and pharmacies are located at each medical facility. Urgent care is available on a same-day basis through each facility. Medical advice by phone and emergency services are available 24 hours a day.

As a group practice, our physicians can easily refer you to a specialist within your medical center, at another Kaiser Permanente facility, or to one in the community when necessary.

## Co-payments

The maximum amount you pay in co-payments is \$2,500 per individual and \$4,000 per family in a calendar year.

## Important Information

For more information about the Northern California Kaiser Permanente MRMIP/Health Plan, please call our Member Service Call Center at (800) 464-4000.

*Please note that the information presented on these pages is only a summary of the Kaiser Permanente MRMIP/Health Plan for Northern California. For exact terms and conditions of coverage, you should refer to the Evidence of Coverage booklet.*

# Kaiser Permanente Northern California

## Benefit Summary

<i>Type of Service</i>	<i>Description of Service</i>	<i>What You Pay</i>
<b>Calendar Year Deductible</b>	The amount that you must pay before Kaiser Permanente assumes liability for the remaining cost of covered services	No deductible
<b>Co-payment</b>	Your cost of covered services	See specific service
<b>Out-of-Pocket Maximum</b>	The amount you're responsible for paying per calendar year	\$2,500 (per covered person) \$4,000 (per covered family)
<b>Annual Benefit Maximum</b>	The amount after which no more benefits are covered by Kaiser Permanente during a calendar year	\$75,000 (per covered person)
<b>Lifetime Benefit Maximum</b>	The amount after which no more benefits are covered by Kaiser Permanente during your lifetime	\$750,000 (per covered person)
<b>Hospital Services</b>	Physician and surgeon services, semi-private room & board, therapy, drugs	\$200 co-pay per inpatient day
<b>Physician Care</b>	Office visits, specialist visits Allergy treatments For children (under age 18) Routine physical examinations, hearing and vision tests Immunizations	\$15 co-pay per office visit \$3 co-pay per treatment  \$15 co-pay per office visit No charge
<b>Diagnostic X-Ray and Laboratory Tests</b>	Laboratory tests and X-rays, major diagnostic and mammography, ultraviolet light therapy	\$5 per visit
<b>Prescription Drugs</b>	Drugs prescribed by physician and obtained at a Plan pharmacy, according to Formulary guidelines	\$10 generic for up to a 100-day supply \$25 brand for up to a 100-day supply
<b>Durable Medical Equipment, Supplies, Prosthetic Devices and Braces</b>	Including artificial limbs, braces, oxygen, wheel chairs & hospital beds when prescribed by a TPMG physician and obtained through Kaiser Permanente	20% of member rate No charge during hospital stay
<b>Maternity Care</b>	Prenatal & postnatal Care Normal delivery Complications of pregnancy, C-section	\$15 co-pay per office visit \$500 co-pay per inpatient day \$500 co-pay per inpatient day
<b>Ambulance</b>	Ground transportation as medically necessary	\$50
<b>Emergency Care Services</b>	Plan and non-plan emergency room visits	\$50 co-pay per incident, waived if admitted (Hospitalization co-pays apply)
<b>Mental Health Care</b>	Mental health services Inpatient visits up to 10 days per calendar year* Outpatient visits up to 15 visits per calendar year*	\$200 co-pay per inpatient day \$15 co-pay per visit
<b>Home Health Care/Hospice Care</b>	Physician home visit Medically necessary visits by home health personnel  Hospice care for members diagnosed as having a terminal illness with a life expectancy of six months or less, if it is a medically appropriate and more cost-effective plan of treatment	No charge No charge for non-physician home health personnel No charge
<b>Skilled Nursing Services</b>	As medically necessary in lieu of hospitalization	No charge up to 100 days per benefit period
<b>Speech/Physical/ Occupational Therapy</b>	Therapist's services in a medical office or outpatient department for short-term therapy of acute conditions on an outpatient basis.	\$15 co-pay per visit
	During hospital stay	No charge
<b>Other</b>	Blood (administration of blood & blood plasma, including the cost of blood, blood plasma & blood processing)	No charge

**Note:** All care must be prescribed by and received from the Permanente Medical Group (TPMG) physician, or a physician to whom a TPMG physician has referred you for specific care. Any care received outside of Kaiser Permanente Northern California Region is not covered, with the exception of emergencies.

\*Except for severe mental illnesses, including serious emotional disturbances in children.